

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Michael Williams for Congress

ADDRESS (number and street) ▼

PO Box 717



Check if different than previously reported. (ACC)

Austin

TX

78767

2. FEC IDENTIFICATION NUMBER ▼

C

C00457960

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

TX

25

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2012

through

M M / D D / Y Y Y Y

09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. Steven Hicks

Signature of Treasurer

R. Steven Hicks

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Michael Williams for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 1 | 2 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 2 |

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....  | 0.00                    | 1328965.59                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | 104200.00               | 133255.69                          |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | -104200.00              | 1195709.90                         |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | 7500.00                 | 1212265.27                         |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....   | 0.00                    | 536.66                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 7500.00                 | 1211728.61                         |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....  | 82478.46                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 178173.77               |                                    |

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 29

Write or Type Committee Name

Michael Williams for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 1 | 2 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 2 |

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

1122877.38

(ii) Unitemized.....

0.00

133472.11

(iii) TOTAL of contributions from individuals ▶

0.00

1256349.49

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

72616.10

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

1328965.59

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

7500.00

157500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

7500.00

157500.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

536.66

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7500.00

1487002.25

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 29

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 7500.00                       | 1212265.27                         |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 59002.83                           |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 59002.83                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 104200.00                     | 133255.69                          |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 104200.00                     | 133255.69                          |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 111700.00                     | 1404523.79                         |

## **III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 186678.46 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 7500.00   |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 194178.46 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 111700.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 82478.46  |

FOR LINE NUMBER:  
(check only one)

NAME OF COMMITTEE (In Full)  
**Michael Williams for Congress**

FEC Schedule A (Form 3) (Revised 02/2009)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 29

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. W. Wayne McDonald Investments**

Mailing Address 3705 Balcones Drive

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 01  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78731    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
RentCategory/  
Type**Transaction ID : SB17.16193**

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. W. Wayne McDonald Investments**

Mailing Address 3705 Balcones Drive

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 01  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78731    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
RentCategory/  
Type**Transaction ID : SB17.16194**

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. W. Wayne McDonald Investments**

Mailing Address 3705 Balcones Drive

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 01  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78731    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
RentCategory/  
Type**Transaction ID : SB17.16195**

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

7500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Syed Javaid Anwar**

Mailing Address 110 N Marienfeld St Ste 290

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Midland | TX    | 79701-4412 |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 15 / 2012      |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16170

**B. Mrs. Vicky Anwar**

Mailing Address 110 N Marienfeld St Ste 290

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Midland | TX    | 79701-4412 |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 15 / 2012      |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16171

**c. Faye W Barksdale**

Mailing Address 2400 Table Rock Ct

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Arlington | TX    | 76006    |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 15 / 2012      |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16149

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|         |
|---------|
| 7500.00 |
|---------|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Maurice L Barksdale**

Mailing Address 2400 Table Rock Ct

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Arlington | TX    | 76006    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16150

**B. Robert Beecherl**

Mailing Address PO Box 2502

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Midland | TX    | 79702    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16181

**c. Michael B Boylan**

Mailing Address 5110 San Felipe St Unit 271W

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Houston | TX    | 77056    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Transaction ID : SB20A.16165

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Richard H Collins**

Mailing Address 3131 McKinney Ave Ste 720

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75204    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16151

**B. David L Davis**

Mailing Address 3922 Edgebrook Ct

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Midland | TX    | 79707    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16152

**c. Mr. James L. Davis**

Mailing Address 211 N Colorado St

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Midland | TX    | 79701-4607 |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2400.00 |
|---------|

Transaction ID : SB20A.16141

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7400.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 29

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs. Nancy Davis**

Mailing Address 3107 Stanolind Cir

City State Zip Code  
 Midland TX 79705

Purpose of Disbursement  
 Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 07 15 2012

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.16142

**B. Chester J Donnally Jr.**

Mailing Address 4307 Armstrong Pkwy

City State Zip Code  
 Dallas TX 75205

Purpose of Disbursement  
 Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 07 15 2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.16153

**c. Frosty Gilliam Jr.**

Mailing Address 2544 Palo Verde Dr

City State Zip Code  
 Odessa TX 79762

Purpose of Disbursement  
 Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 07 15 2012

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.16143

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs. Rhonda Gilliam**

Mailing Address 2544 Palo Verde

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Odessa | TX    | 79762    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2400.00 |
|---------|

Transaction ID : SB20A.16144

**B. Mr. David F Godfrey**

Mailing Address 15609 Fm 1730

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Lubbock | TX    | 79424    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2300.00 |
|---------|

Transaction ID : SB20A.16140

**C. Richard D Hatchett**

Mailing Address 4913 Rustic Trl

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Midland | TX    | 79707    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16154

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7200.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. George C Hixon**Mailing Address 315 E Commerce St  
Ste 300

City San Antonio State TX Zip Code 78205

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 15  | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB20A.16178

**B. Terry Hunter Holland**

Mailing Address 1714 Douglas

City Midland State TX Zip Code 79701

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 15  | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16173

**c. John M Hopper Jr.**

Mailing Address 6022 Riverview Way

City Houston State TX Zip Code 77057

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 15  | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB20A.16167

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Ralph E. Janes III**

Mailing Address PO Box 2155

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78768    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16155

**B. Susan B Janes**

Mailing Address 7007 Circle J Rd

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Marble Falls | TX    | 78654    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16184

**c. Delvin Kelly**

Mailing Address 2419 Vista Glen Ln

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Carrollton | TX    | 75007-2047 |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16156

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary C Martin**

Mailing Address PO Box 91588

City State Zip Code  
Arlington TX 76015-0088

Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
07 / 15 / 2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.16157

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Mrs. J J Matthews**

Mailing Address PO Box 176

City State Zip Code  
Abilene TX 79604

Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
07 / 15 / 2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.16185

Category/  
Type

Full Name (Last, First, Middle Initial)

**c. Mike McCall**

Mailing Address 620 Logans Ln

City State Zip Code  
Southlake TX 76092

Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
07 / 15 / 2012

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20A.16179

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Billy Joe McCombs**

Mailing Address PO Box BH003

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| San Antonio | TX    | 78201    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB20A.16169

**B. Tim McGraw**

Mailing Address 1417 Lanham

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Midland | TX    | 79701    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB20A.16180

**C. Mr. Curtis W Mewbourne**

Mailing Address PO Box 7698

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tyler | TX    | 75711-7698 |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16174

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs. Joanne Mewbourne**

Mailing Address 504 Rudman Rd

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tyler | TX    | 75701-7726 |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16175

**B. Allison Molina**

Mailing Address 2625 Bennington St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Houston | TX    | 77093    |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16158

**C. Russell Molina**

Mailing Address 2627 Bennington St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Houston | TX    | 77093    |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16159

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Alfred C Moran**

Mailing Address PO Box 717

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78767    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16160

**B. Gloria Moran**

Mailing Address 2612 Lora King Ct

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Arlington | TX    | 76006    |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16161

**C. Mr. Patrick Moran**

Mailing Address 2803 Sackett St

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Houston | TX    | 77098-1125 |

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16192

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Dale Silver Robinowitz**

Mailing Address 12240 Inwood Rd Ste 501

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75244    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
Refund**Transaction ID : SB20A.16163**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. David Schanbacher**

Mailing Address 6106 Gardenridge Hollow

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78750    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
Refund**Transaction ID : SB20A.16191**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Ms. Merrie Spaeth**

Mailing Address 4553 Rheims PI

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75205    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2400.00 |
|---------|

Purpose of Disbursement  
Refund**Transaction ID : SB20A.16147**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Dian Graves Stai**

Mailing Address 400 Pine St Ste 1000

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Abilene | TX    | 79601    |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 15 / 2012      |

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Transaction ID : SB20A.16186

**B. Ms. Catherine B Taylor**

Mailing Address 8235 Douglas Ave Ste 1050

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75225    |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 15 / 2012      |

Amount of Each Disbursement this Period

|         |
|---------|
| 2400.00 |
|---------|

Transaction ID : SB20A.16148

**C. Sandra K Thomas**

Mailing Address 3831 Turtle Creek Blvd Unit 3F

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75219    |

Purpose of Disbursement  
Refund

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 15 / 2012      |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB20A.16164

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9900.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 29

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

Full Name (Last, First, Middle Initial)

**A. Stephen Wiesenfeld**

Mailing Address 3102 Shell Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2012    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Midland | TX    | 79705    |

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement  
RefundCategory/  
Type**Transaction ID : SB20A.16187**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

104200.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 24 OF 29

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8367

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Michael Williams

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 717

City

State

ZIP Code

Austin

TX

78767

Original Amount of Loan

75000.00

Cumulative Payment To Date

34002.83

Balance Outstanding at Close of This Period

40997.17

**TERMS**

Date Incurred

M / D / Y  
06 / 30 / 2009

Date Due

M / D / Y  
06 / 08 / 2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Michael Williams

Name of Employer

Mailing Address

P.O. Box 717

Occupation

City

State

ZIP Code

Austin

TX

78767

Amount  
Guaranteed  
Outstanding:

40997.17

Transaction ID : SC/10.8367.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40997.17

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 25 OF 29

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8864

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Michael Williams

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

(Plains Capital-line of credit)

919 Congress Ave., Ste. 100

City

State

ZIP Code

Austin

TX

78701

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M 09 / D 09 / Y 2009 Y

Date Due

M 06 / D 08 / Y 2012 Y

Interest Rate

5.50 % (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Michael Williams

Name of Employer

Mailing Address

P.O. Box 717

Occupation

City

State

ZIP Code

Austin

TX

78767

Amount  
Guaranteed  
Outstanding:

0.00

Transaction ID : SC/10.8864.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 26 OF 29

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.16196

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Michael Williams

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 717

City

State

ZIP Code

Austin

TX

78767

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 01 / 2012

Date Due

M M / D D / Y Y Y Y  
07/01/2013

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

98497.17

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 OF 29

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Express**

Nature of Debt (Purpose):

Travel, Postage, Shipping

Mailing Address PO Box 650448

City State

Zip Code

Dallas

TX

75265-0448

Outstanding Balance Beginning This Period

6381.68

Transaction ID : SD10.15516

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6381.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Atchley & Associates, LLP**

Nature of Debt (Purpose):

Accounting &amp; compliance services

Mailing Address 6850 Austin Center Blvd.Ste 180

City State

Zip Code

Austin

TX

78731-3129

Outstanding Balance Beginning This Period

13610.73

Transaction ID : SD10.15518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13610.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Engage**

Nature of Debt (Purpose):

Advertising, commissions, email hosting

Mailing Address 725 8th St. SE

City

State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

9576.01

Transaction ID : SD10.15494

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9576.01

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

29568.42

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 29

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Epiphany Productions. Inc.**

Nature of Debt (Purpose):

Fundraising event consulting

Mailing Address 104 Hume Ave

City State

Zip Code

Alexandria

VA

22301

Outstanding Balance Beginning This Period

6320.02

Transaction ID : SD10.15115

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6320.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Holtzman Vogel, PLLC**

Nature of Debt (Purpose):

Legal services

Mailing Address 98 Alexandria Pike Ste 53

City State

Zip Code

Warrenton

VA

20186-2849

Outstanding Balance Beginning This Period

4340.46

Transaction ID : SD10.15116

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4340.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Holtzman Vogel, PLLC**

Nature of Debt (Purpose):

Legal Services

Mailing Address 98 Alexandria Pike Ste 53

City

State

Zip Code

Warrenton

VA

20186-2849

Outstanding Balance Beginning This Period

1150.00

Transaction ID : SD10.15879

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1150.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

11810.48

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 29

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Michael Williams for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RedRock Strategies**

Nature of Debt (Purpose):

Research consulting

Mailing Address 9500 W. Flamingo Rd #203

City State

Zip Code

Las Vegas

NV

89147

Outstanding Balance Beginning This Period

5878.07

Transaction ID : SD10.15117

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5878.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RedRock Strategies**

Nature of Debt (Purpose):

Research consulting

Mailing Address 9500 W. Flamingo Rd #203

City State

Zip Code

Las Vegas

NV

89147

Outstanding Balance Beginning This Period

29670.08

Transaction ID : SD10.15519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29670.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Thomas Graphics, Inc.**

Nature of Debt (Purpose):

Printing

Mailing Address PO Box 142226

City

State

Zip Code

Austin

TX

78714

Outstanding Balance Beginning This Period

2749.55

Transaction ID : SD10.15520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2749.55

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

38297.70

2) **TOTALS** This Period (last page this line number only) ..... ▶

79676.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

98497.17

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

178173.77